

Delta State University 2023 Annual Woodall Conference April 14, 2023

Follow the Yellow Brick Road

Navigating the P-LPC application process

Issac Boose, MEd, LPC-S
Richard Strebeck, PhD, LPC-S

Mississippi State Board of Examiners
for Licensed Professional Counselors

MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

Click
Here

[Home](#) [Board Info](#) [Apply For a License](#) [Counseling Compact](#) [Verify License](#) [I Am A ...](#) [Login Portal](#)



Welcome

Any individual offering counseling services in the state of Mississippi must be licensed with few exceptions. It is the responsibility of this Board to regulate the practice of counseling and the use of the title Professional Counselor as we seek to protect the public health, safety and welfare of Mississippians.

[See More About Us Here](#)

The office will be closed to the general public until further notice. Appointments are required.

For those who are seeking information about licensure, selecting one of the options below will provide details about requirements for that type of license and how to make application with the Board.

License Info:

P-LPC

LPC

LPC by Comity

LPC by Universal

LPC-S

Fee Schedule

Licensure

Mississippi offers several paths to counselor licensure and supervisor certification depending on the applicant's educational, examination and professional experience. Individuals seeking licensure must meet pre-application requirements **BEFORE** applying for one of these types of license or certification.

- **Provisional Licensed Professional Counselor (P-LPC)** has met pre-application requirements and is approved by the Board to offer professional counseling or psychotherapy services while under the supervision of a Licensed Professional Counselor-Supervisor (LPC-S).
- **Licensed Professional Counselor (LPC)** has met pre-application requirements and is approved to practice independent counseling without supervision.
- **Licensed Professional Counselor by Universal** currently holds a LPC license in another state, with a similar scope of practice and at the same practice level, with at least one (1) year of professional work experience as a counselor since the date of initial licensure, that licensure was maintained continuously during that year and that no substantiated complaints or disciplinary action(s) have ever been taken against the licensee.
- **Licensed Professional Counselor by Comity** has met the pre-application requirements, has a current license as a Licensed Professional Counselor or its equivalent independent counseling license from another state and has practiced independent counseling for at least the past five years without supervision.
- **Licensed Professional Counselor – Supervisor (LPC-S)** has been practicing mental health counseling for at least five years, has consecutively held a Mississippi LPC license in good standing for at least two of the five years, and has completed the supervisory education requirements to be certified by the Board to supervise.

Click
Here



License Info:

P-LPC

LPC

LPC by Comity

LPC by Universal

LPC-S

Fee Schedule

Licensed Professional Counselor (P-LPC)

This license is for individuals who have completed a qualified master's degree, have taken and passed the Mississippi Pass/Fail Jurisprudence Examination, and wish to offer professional counseling or psychotherapy services. A P-LPC has a license to practice counseling in the state of Mississippi under the supervision of a Mississippi Licensed Professional Counselor – Supervisor (LPC-S). A P-LPC may provide services to individuals, groups, organizations, corporations, institutions, government agencies or the general public for a fee, monetary or otherwise, implying that he or she is licensed.

Only a P-LPC practicing under the supervision of a MS LPC-S is allowed to count supervised experience toward becoming an LPC in Mississippi. A P-LPC cannot practice independently.

Once the supervised experience requirements are completed ([Rules & Regs 4.3](#)), a P-LPC can apply for full licensure as an LPC. The Board will review the completed supervised hours to determine eligibility for LPC.

Before applying for the P-LPC license, individuals must meet the following:

Pre-Application Requirements:

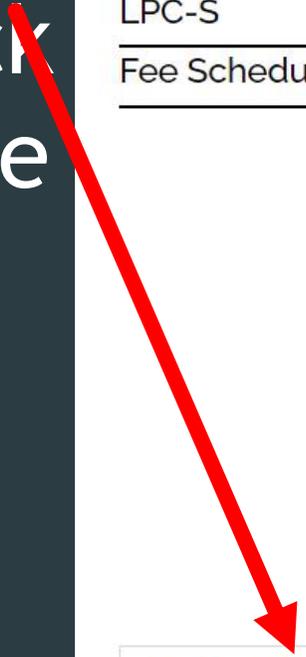
- A qualified Master's degree in Counseling. ([Rules & Regs 4.2](#).)

If you have met the Pre-Application requirements and are ready to begin your online application, select the APPLY for Provisional-LPC (P-LPC) below.

Apply for Provisional – LPC (P-LPC)



Click
Here



Apply for Provisional – LPC (P-LPC)

Instructions for Applying for Provisional-LPC (P-LPC) – [Print](#)

1. Verify that you have met the Pre-application requirements:

- Obtained a Master's degree program that has the word Counseling in its title AND consists of sixty (60) semester hours or ninety (90) quarter-hours.

2. Secure a Mississippi Licensed Professional Counselor – Supervisor (LPC-S).

[Click here to find an LPC-S \(How to begin supervision with an LPC-S\)](#)

3. Set up an Applicant Profile through the link provided at the bottom of these Instructions. This will allow you to access to the P-LPC Application and Supervisory

ALL information needed to apply for a P-LPC is listed
On this page...read it carefully...then

Click Here

(MCIC). This fee is paid at the same time the application fee is remitted. Fingerprint cards cannot be requested outside of completion of application.

12. Submit Fingerprint Card directly to MCIC. Fingerprint images must be submitted directly to the Mississippi Criminal Information Center on the customized card mailed to you. (Instructions will be included with the customized card.) Receipt of background check results from the MCIC is currently taken 4-6 weeks to be received in the Board office. For more precise time frame, check with MCIC.

13. Mississippi Pass/Fail Jurisprudence Examination. Once application has been submitted and payment remitted, you will be able to register for the Mississippi Pass/Fail Jurisprudence Examination through your profile on the App Info tab. You may upload passing scores on the Mississippi Pass/Fail Jurisprudence Examination. CCE Academy will provide the Board with an official score report.

Are you ready to begin the P-LPC process? [Yes \(Click Here To Create New Login\)](#)

MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

Today is: Tuesday, April 04, 2023

P-LPC Application

You must have received a qualifying master's degree before you may begin the Provisional Application process.

Have you received your master's degree? Yes No



By entering data into this web site your are agreeing to abide by the operating rules of the Mississippi State Board of Examiners for Licensed Professional Counselors and certifying that all information is accurate and correct to the best of your knowledge and belief.

Answer

And

Submit

Answer

And

Click
Check

MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

Today is: Tuesday, April 04, 2023

P-LPC Application - Check for Existing Profile

Enter your SSN

Enter this security code in the box below: 48947

Check

P-LPC Application

MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS
239 North Lamar Street • Suite 402 • Jackson, MS 39201
www.lpc.ms.gov

Cancel Agreement Request

APPLY FOR PROVISIONAL LICENSURE

PLEASE READ BEFORE COMPLETING. As of January 1, 2012, the Board Qualified Supervisor and the supervisee receiving supervision in pursuit of becoming a Licensed Professional Counselor in the State of Mississippi must complete this form and submit it to the LPC Board Office along with a copy of your supervisor contract **PRIOR** to beginning supervision. Complete a separate form for each supervisor. Refer to LPC Board Rule 4.4.

This document verifies and documents the establishment of a supervisory relationship between the Board Qualified Supervisor and a supervisee. It also outlines the minimum standards necessary to fulfill the licensing requirements. The supervisor and the supervisee should complete a separate contract that comprehensively outlines the supervisory relationship in addition to completing this document.

Make sure to read this initial information
... Scroll down to the next section.

Complete
all
Questions

PERSONAL INFORMATION

Please use appropriate capitalization when entering data.
DO NOT USE ALL CAPS when entering your information

Name:

Title **First Name** **Middle** **Last Name** **Suffix**

(This should be your legal name as it should appear on certificate)

Name(s) as shown on transcripts and/or exam records if different from above:

PREFERRED PHONE NUMBER: HOME BUSINESS CELL

HOME PHONE: BUSINESS PHONE: CELL:

EMAIL ADDRESS:

DATE OF BIRTH: SOCIAL SECURITY NUMBER: XXX-XX-9123

PASSWORD: (This will be the password to login to your LPC profile.)

If granted a license, your name, preferred address, preferred phone number, email address, and license number will appear on the internet.

You must immediately notify the Board in writing of any changes of information.

Scroll
Down

Complete
all
Questions

If granted a license, your name, preferred address, preferred phone number, email address, and license number will appear on the internet.

You must immediately notify the Board in writing of any changes of information.

PREFERRED ADDRESS: HOME BUSINESS

BOARD CORRESPONDENCE SHOULD BE SENT TO: HOME BUSINESS

HOME ADDRESS:

239 North Lamar Street

Street (**P.O. Box not acceptable)

Jackson

City

Mississippi

State

39201

Zip code

BUSINESS ADDRESS:

239 North Lamar Street

Street

Jackson

City

Mississippi

state

39201

Zip code

HINDS

County

Submit

Submit

Missing
Information?

You will
get this
message.

Ethics

E

SS:

DRESS:

Submit

www.lpc.ms.gov says

You must fill in all of the required fields!

Check the box to indicate your preferred address.

Check the box to indicate where board correspondence should be sent.

Check the box to indicate your preferred phone.

Password is required

OK

Want a printed
copy of the
instructions??

Today is: Tuesday, April 04, 2023

P-LPC Application - Profile Created

- Your profile has been created.
- To continue with the Provisional process, go to the [login](#) page and enter your email address and password.
- [Click here](#) to see/print the instructions for continuing the process from your profile.

Ready to complete the application?

MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

Today is: Tuesday, April 04, 2023

Login

Email:

Password:



[I don't remember my password.](#)

This login is only for Licensed Professional Counselors (LPC or P-LPC) and those who have already created an online profile through the Application process.

Log into
your account



Upload
Picture

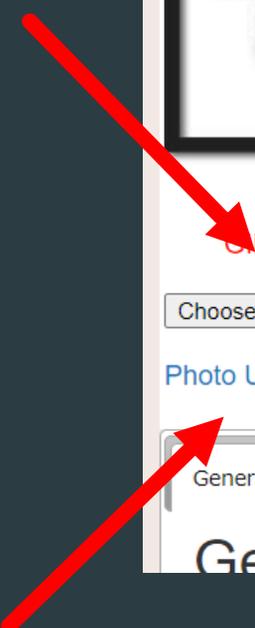


Photo Tool
File Types Allowed:
GIF, JPG, JPEG, BMP, PNG

Choose File Woodall pic.jpg

[Photo Upload Instructions](#)

- General Registration
- App Info
- CEH Reporting
- Complaints
- Payments
- Print Forms
- Online Payments
- Manage Your Profile

General Registration

LPC License No.: 0

Save Changes

Logout

Last Name: Strebeck

First Name: Woodall

If you have question, please contact the LPC Board to discuss.
Phone: (601) 359-1010

Middle or MI: Board

Title: Dr.

Password:

Suffix:

Name(s) as shown on transcripts and/or exam records
if different from what's shown above:

SSN XXX-XX-9123

Nick name or informal name:

DOB: 1995-04-03

Need help?

<scroll down>

Verify information

Make sure to Answer

<Scroll Down>

General Registration | Education | App Info | Complaints | Payments | Print Forms | Online Payments | Manage Your Profile

General Registration

PUBLISHED ADDRESS (Public): HOME BUSINESS DO NOT PUBLISH

PUBLISHED PHONE NUMBER: HOME BUSINESS CELL DO NOT PUBLISH

BOARD CORRESPONDENCE: HOME BUSINESS

Required  List email on Board website: Yes No

Release published address and email to State and National organizations: Yes No

Home Address		Business Address	
Address	<input type="text" value="239 North Lamar Street"/>	Employer	<input type="text"/>
Address 2	<input type="text"/>	Address	<input type="text" value="239 North Lamar Street"/>
City, St	<input type="text" value="Jackson"/> <input type="text" value="Mississippi"/>	Address 2	<input type="text"/>
Zip	<input type="text" value="39201"/>	City, St	<input type="text" value="Jackson"/> <input type="text" value="Mississippi"/>
Phone	<input type="text" value="(555) 555-5555"/>	Zip	<input type="text" value="39201"/>
Cell Phone	<input type="text" value="(555) 555-5555"/>	Phone:	<input type="text" value="(555) 555-5555"/> FAX: <input type="text"/>
Email	<input type="text" value="rstrebeck@mc.lpc.gov"/> (Required for login)	Business Email:	<input type="text"/>
Home Fax:	<input type="text"/>	Employment Type	<input type="text"/>
County	<input type="text" value="HINDS"/>	Employment Desc.	<input type="text"/>
District:	<input type="text"/>		

Complete
Information
as
appropriate

Click

County District:

Employment Desc.

2nd Business Address

Physical Home Address (if above address is a P.O. Box)

Name

Address:

Address

City, St

City, St

Zip

Phone

Registration Information

Status

LPC Issue Date

Expiration Date

LPC-S Yes No

LPC-S No.

LPC-S Date

Distance Professional Services
Submit to the Board verification of training in TeleMental Health counseling by uploading supporting documentation of one of the following:

a. Board Certified-TeleMental Health (BC-TMH) credential from the Center for Credentialing and Education, Inc. (CCE)

or

b. Professional training. A minimum of nine (9) clock hours in the areas outlined in the [Rule 7.5](#).

Yes No PreApproved

Specialty Area:

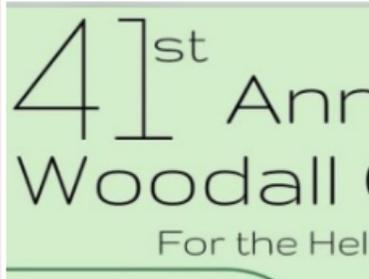


Photo Tool
File Types Allowed:
GIF,JPG,JPEG,BMP,PNG

Choose File No file chosen

[Photo Upload Instructions](#)

LPC License No.: 0

Save Changes

Logout

Last Name: Strebeck

First Name: Woodall

If you have question, please contact the LPC Board to discuss.
Phone: (601) 359-1010

Middle or MI: Board

Title: Dr.

Password:

Suffix:

Name(s) as shown on transcripts and/or exam records
if different from what's shown above:

SSN XXX-XX-9123

Nick name or informal name:

DOB: 1995-04-03

General Registration

App Info

CEH Reporting

Complaints

Payments

Print Forms

Online Payments

Manage Your Profile

General Registration

PUBLISHED ADDRESS (Public): HOME BUSINESS DO NOT PUBLISH

PUBLISHED PHONE NUMBER: HOME BUSINESS CELL DO NOT PUBLISH

BOARD CORRESPONDENCE: HOME BUSINESS

Click on
App Info

Want to know if documentation was received?

Check here

Application Review Information

<Scroll down>

General Registration | **App Info** | CEH Reporting | Complaints | Payments | Print Forms | Online Payments | Manage Your Profile

App Info

Document Tracking

(Date Received in Board Office)

	Transcripts:	School	Date
Background Check: Required By: Received On:			Not Received
NBCC Exam: NCE Exam: NCMHCE Exam: JP Exam Received On:			
Verification of licensure in other jurisdiction:	Not Received	Out of State License Documents	Date
Verification Notes:		State	

Application Review Information

Activity

Application was started on 4/12/2023 12:17:00 PM

MISSISSIPPI PASS/FAIL JURISPRUDENCE EXAMINATION

When your application has been submitted and fee paid, return to this App Info tab and the "Take Exam" link to take the Mississippi Pass/Fail Jurisprudence Examination will be available in this box.

Please Note:

Updates to your application cannot be made from within your profile.
Any changes must be made by selecting one of the edit buttons
which takes you to a control screen to ensure proper input of information.

Application
Information

<Scroll down>

APPLICATION TYPE

Application Start Date: 4/12/2023 12:17:00 PM

I hereby make application for Licensed Professional Counselor pursuant with the laws of the State of Mississippi and the Rules and Regulations for The Mississippi State Board of Examiners for Licensed Professional Counselors.

(check one)

- APPLY FOR PROVISIONAL LICENSURE:** If you meet all pre-application requirements, have a qualified Master's degree in Counseling and are ready to begin Supervised Experience in accordance with the Rules and Regulations, complete Parts I, II, III, IV, V, and VI of the Application, request an official NCE passing score report from NBCC be sent to the Board office, and submit all required supporting documents as detailed in General Instructions.

Verify Application Type

<Scroll down>

Complete P-LPC Application

- This button will take you through each part of the application. Or You may use the Edit button next to Parts I, II, III and IV below to enter information at any time.
- After you have entered all of your information in Parts I - IV, you may use this button to review your information by going through each part and then clicking Save and Continue at the bottom of each Part. The data will be verified and if something is missing, you will be alerted to add that information. Once all your information has been entered you will be able to continue to Parts V and VI to sign the Oath and Affidavit. When you have done that you will be take to the shopping cart to pay your fees.

You can complete the application

- All at once. The system will walk you step by step through each part
- Or Edit each Part in any order that you want

<Scroll Down>

PART I - GENERAL PERSONAL INFORMATION

[Edit Part I](#)

Are you a member of the military, veteran, or spouse of active duty military? No Yes (Documentation Required)

NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN: Yes No If Yes, Date Taken:
Indicate Pass/Fail: Pass Fail If Pass, Score: (your score / minimum score)

NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAM (NCMHCE) TAKEN: Yes No
If Yes, Date Taken: Indicate Pass/Fail: Pass Fail If Pass, Score:

Have you requested passing scores be forwarded to the Board? Yes No

Step 1
Start your P-LPC
Application

[Click here](#)

Complete the
Requested
information

<Scroll down>

Today is: Wednesday, April 05, 2023

P-LPC Application - Part I



APPLICATION FOR MISSISSIPPI LICENSED PROFESSIONAL COUNSELOR

[Return to Profile](#)

Are you a member of the military, veteran, or spouse of active duty military? No Yes

(Please provide documentation.) No file chosen

NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN: Yes No If Yes, Date Taken:
Indicate Pass/Fail Pass Fail If Pass, Score (your score / minimum score)

NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAM (NCMHCE) TAKEN: Yes No
If Yes, Date Taken: Indicate Pass/Fail Pass Fail If Pass, Score

Have you requested passing scores be forwarded to the Board Yes No

Have you ever applied for this license before? Yes No

Do you currently hold or have you ever held another professional license(s) to practice mental health services in Mississippi or another state, please provide the following:

Title	License Number	Issuing State	Issue Date	Expiration Date
LPC	3333	Tennessee	2023-03-06	2023-06-01
		Select		

If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board office by completing [Verification of Licensure in Other Jurisdiction \(Form D\)](#).

If you currently possess any national professional certifications, please provide the following:

Title	License Number	Issuing State	Issue Date
NCC	222	North Carolina	2023-04-02
CSAT	222	Arizona	2023-04-02
BC-TMH	222	North Carolina	2023-04-02

Complete the Requested information

<Scroll down>

Complete the Requested information

Click here to Save and return to the profile

INSTRUCTIONS:

- Complete this part for the graduate degree that you want the Board to consider as part of this application.
- The official transcript(s) should be sealed in an envelope and signed or stamped across the envelope's seal by the transcript clerk issuing the document to the applicant. If the approved educational institution will not issue an official transcript to the applicant, the approved educational institution may submit the official transcript directly to the Board. If transcript(s) are sent directly to the Board office from the school/university, ask the Registrar to provide you with a verification that the transcript has been sent and include this with your application.

DEGREE:	<input checked="" type="radio"/> Doctoral (specify: PhD)	<input type="radio"/> Specialist	<input type="radio"/> Master's	<input type="radio"/> Other	
Date Awarded:	2023-04-03				
Program/Major:	Counseling				
Name of Institution:	Out of State	▼	If other:	New Orleans Bapt. Theol.	
Street Address:	555 Gentilly				
City/State/Zip:	New Orleans	/	Louisiana	▼	55555

DEGREE:	<input type="radio"/> Doctoral (specify:)	<input type="radio"/> Specialist	<input checked="" type="radio"/> Master's	<input type="radio"/> Other	
Date Awarded:	2023-03-13				
Program/Major:	Counseling				
Name of Institution:	William Carey University	▼	If other:		
Street Address:	WC Parkway				
City/State/Zip:	Hattiesburg	/	Mississippi	▼	39401

Fingerprint Card for Background Check:

- Part of the application process is to prepare a fingerprint card required for your background check. Fingerprint images must be submitted directly to the Mississippi Criminal Information Center on the customized card that will be mailed to you after you complete you application and pay your fees. Once you have paid the Background Check Processing Fee of \$50 at the time of the application submittal, the Board will mail you the customized card.

Check this box to indicate that you have read and understand this information related to the fingerprint card and background check.

Save and Return to Profile Return to Profile

Note: your information transfers to this section

Step 2 Complete course verifications

Click here

PART I - GENERAL PERSONAL INFORMATION [Edit Part I](#)

Are you a member of the military, veteran, or spouse of active duty military? No Yes (Documentation Required)

NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN: Yes No If Yes, Date Taken: 2023-04-03
Indicate Pass/Fail: Pass Fail If Pass, Score: 100/99 (your score / minimum score)

NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAM (NCMHCE) TAKEN: Yes No
If Yes, Date Taken: Indicate Pass/Fail: Pass Fail If Pass, Score:

Have you requested passing scores be forwarded to the Board Yes No

Have you ever applied for this license before? Yes No

Do you currently hold or have you ever held another professional license(s) to practice mental health services in Mississippi or another state, please provide the following:

Title	License Number	Issuing State	Issue Date	Expiration Date
LPC	3333	TN	2023-04-03	2024-04-01

If you currently possess any national professional certifications, please provide the following:

Title	License Number	Issuing State	Issue Date
NCC	222	NC	2023-04-03
CSAT	222	NC	2023-04-03
BC-TMH	222	MT	2023-04-03

DEGREE: Ph.D. Specialist Master's Other

Date Awarded: 2023-04-03

Program/Major: Counseling

Name of Institution: Out of State New Orleans Bapt. Theol. Sem.

Street Address: 555 Gentilly

City/State/Zip: New Orleans / LA / 5555

DEGREE: Ph.D. Specialist Master's Other

Date Awarded: 2023-04-03

Program/Major: Counseling

Name of Institution: William Carey University

Street Address: WC Parkway

City/State/Zip: Hattiesburg / MS / 5555

Fingerprint Card for Background Check:
 Part of the application process is to prepare a fingerprint card required for your background check. Fingerprint images must be submitted directly to the Mississippi Criminal Information Center on the customized card that will be mailed to you after you complete your application and pay your fees. Once you have paid the Background Check Processing Fee of \$50 at the time of the application submittal, the Board will mail you the customized card.

Check this box to indicate you have read and understand this information related to the fingerprint card and background check.

PART II - COURSE VERIFICATION FORM [Edit Part II](#)

LPC Application - Part II



APPLICATION FOR MISSISSIPPI LICENSED PROFESSIONAL COUNSELOR

Continue new application for Woodall Strebeck

PART II - COURSE VERIFICATION FORM

- Complete the following according to your graduate work.
- A graduate program related to counselor education is defined as one that contains course work in all of the following areas. Each applicant must have completed a three (3) hour semester course or its equivalent in each of the following areas.
- Please note that all references to hours of college credit are for semester hours. Quarter hours may be converted to semester using the standard formula (Number of quarter hours X .66 = Semester hour equivalent). Semester hours must total sixty (60) hours.

Note:

Caution: If you need to look up information for the areas below, you must click the "Save and Add More" button at least every 15 minutes.

Step 2

Read the
Instructions

<Scroll down>

Complete the Requested information

Need to save and continue?

Click here to Save and return to the profile

Area	Course Number	Course Title	University/College
1 Human Growth and Development	COU 123	Human Growth and Development	WCU
2 Social and Cultural Foundations	COU 123	Social and Cultural Foundations	WCU
3 Counseling and Psychotherapy Skills	COU 123	Counseling Skills	WCU
4 Group Counseling	COU 123	Group Counseling	WCU
5 Lifestyle and Career Development	COU 123	Lifestyle and Career Counseling	WCU
6 Testing and Appraisal	COU 123	Clinical Mental Health Testing	WCU
7 Research and Evaluation	COU 123	Research in Counseling	WCU
8 Professional Orientation to Counseling or Ethics	COU 123	Professional Orientation and Ethics	WCU
9 Theories of Counseling Psychotherapy and Personality	COU 123	Counseling Theories	WCU
10 Marriage and/or Family Counseling/Therapy	COU 123	Marriage and Family Counseling	WCU
11 Abnormal Psychology and Psychopathology	COU 123	Diagnosis	WCU
12 Internship	COU 123	Internship for Clinical Mental Health	WCU

Save and Add More

Save and Return to Profile

Note: your information transfers to this section

Step 3
Complete
Supervised
Experience

Click here

PART II - COURSE VERIFICATION FORM

[Edit Part II](#)

	Area-1	Course Number	Course Title	University/Co
1	Human Growth and Development	COU 123	Human Growth and Development	WCU
2	Social and Cultural Foundations	COU 123	Social and Cultural Foundations	WCU
3	Counseling and Psychotherapy Skills	COU 123	Counseling Skills	WCU
4	Group Counseling	COU 123	Group Counseling	WCU
5	Lifestyle and Career Development	COU 123	Lifestyle and Career Development	WCU
6	Testing and Appraisal	COU 123	Clinical Mental Health Based Assessment	WCU
7	Research and Evaluation	COU 123	Research	WCU
8	Professional Orientation to Counseling or Ethics	COU 123	Professional Orientation to Counseling or Ethics	WCU
9	Theories of Counseling Psychotherapy and Personality	COU 123	Counseling Theories	WCU
10	Marriage and/or Family Counseling/Therapy	COU 123	Marriage and Family Counseling	WCU
11	Abnormal Psychology and Psychopathology	COU 123	Diagnosis	WCU
12	Internship	COU 123	Internship	WCU

PART III - SUPERVISED EXPERIENCE

[Edit Part III](#)

[Complete Post-Graduate Supervisory Agreement](#)

[View Supervised Work Experience](#)

Search for your
LPC-S



**Your supervisor must be a Board Qualified Supervisor.
Please select your supervisor from the list below.**

If the counselor is not on the list please contact the
LPC Board office as per the information below.

Return to Profile

Strebeck, Richard - Lic # 1117



Select Supervisor

Click here



[Return to Profile](#)

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):

Woodall Conference

Address of organization or agency:

Delta State

Cleveland

Mississippi

55555

Address

City

State

Zip

Following table contains the ANTICIPATED dates and hours.

Start Date: 2023-04-05	End Date: 2024-04-01
Total Hours Per Week: 40	Direct Contact Hours Per Week: 25
Individual Supervision Per Week: 1	Group Supervision Per Week: 0

*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

Type of Setting: Private Practice Hospital School Volunteer

Government Agency Nonprofit Other (describe:)

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General Group

Marriage & Family Drug & Alcohol Career & Vocational Rehabilitation Academic

Child & Adolescent Art Therapy Other (describe:)

SUPERVISEE AFFIRMATION

- I, as supervisee, affirm that all information provided by me on this form and in my profile is true and accurate and I affirm the following:
- That I have read the Board Rules & Regulations related to supervised experience and that all supervised experience will be completed in accordance with the Board Rules & Regulations.
 - That I will meet with my supervisor at a frequency based upon these ratios: one (1) supervision hour to forty (40) hours of services provided OR one (1) hour of supervision to twenty-five (25) hours of Direct Services. For persons working part-time, supervision should occur no less frequently than every other week.
 - That I will abide by all rules of the Board, including ACA ethics requirements.
 - That I understand that I am practicing under the license of a Mississippi Board Qualified Supervisor, and I do not have authority to engage in the independent practice of counseling.
 - That I will notify the Board if this supervisory arrangement is terminated.
 - That it is my responsibility to know whether or not my supervisor is a Board Qualified Supervisor.
 - That I understand that additional supervisors and settings must be filed with the Board in advance.

[Add](#)

Complete supervised experience information

Click Add

Supervision information is posted here

Upload your

- Declaration of Practice
- Supervision Contract

Complete Post-Graduate Supervisory Agreement

View Supervised Work Experience - Worksheet

POST-GRADUATE SUPERVISOR INFORMATION (Pending)

Name: Richard Strebeck
First Middle or MI Last

MS BQS Certificate #: 11 Issued: 2008-05-15

MS LPC License #: 1117 Issued: 2004-12-06 Expiration Date: 2024-06-30

Preferred Mailing Address: 11201 Old Highway 49 Gulfport MS 39503
Address City State Zip

Telephone #: (228) 596-5654 Email: richard.strebeck@gmail.com

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):
Woodall Conference

Address of organization or agency: Delta State, Cleveland, MS 55555

Following table contains the **ANTICIPATED** dates and hours.

Start Date: 2023-04-05	End Date: 2024-04-01
Total Hours Per Week: 40	Direct Contact Hours Per Week: 25
Individual Supervision Per Week: 1	Group Supervision Per Week: 0

*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.
Once you have completed this post-graduate experience with this supervisor, use the Update Completed Hrs. button below to post the hours. The completed hours must be entered into the box to match the supervision reporting logs in red.

Completed Hours of Supervised Experience
FROM WEEKLY LOG: TOTAL HOURS: 0 DIRECT CONTACT: 0 INDIRECT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0

TOTAL HOURS*: 0 DIRECT CONTACT: 0 INDIRECT CONTACT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0
*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

Did you receive at least one (1) face-to-face supervision hour for every forty (40) hours of services provided OR one (1) face-to-face hour of supervision for every twenty-five (25) hours of Direct Services? (For persons working part-time, supervision should occur no less frequently than every other week.) Yes No

At the time of supervision my experience/employment was
 POST DEGREE FULL TIME PART TIME AT %

Type of Setting: Private Practice Hospital School Volunteer
Government Agency Nonprofit Other (describe: _____)

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General Group
Marriage & Family Drug & Alcohol Career & Vocational Rehabilitation Academic
Child & Adolescent Art Therapy Other (describe: _____)

Declaration of Practices Sample/Model

Supervisor Contract received on:

Form A or Form B or Form C received on:

Declaration of Practice

Declaration of Practices

For Mississippi P-LPC

Name:

Name of Practice Setting:

Address of Practice Setting:

Phone Number of Practice Setting:

Qualifications:

- Degree earned / university earned from
- Field of study
- Note you are a P-LPC (or P-LPC Applicant – update if P-LPC is issued)
- Statement of supervision as a requirement for P-LPC
- Name of LPC-S and contact information
- If you are in a private practice setting, who is the agreed upon LPC or individual licensed to provide psychotherapy services independently in Mississippi available on-site while you are providing counseling services? Name: _____ Phone: _____ Email: _____

****** Proof of his/her/their licensure (such as copy/photo of license, wall certificate, or online verification) must be submitted to the Board with the Declaration of Practice. The LPC-S is responsible for verifying the independent practice setting and the onsite licensed practitioner.

Declaration of Practice

Counseling Relationship:

- Describe your views of counseling and the counseling process. Include the purpose and goals of counseling from your perspective
- Describe the relationship between the counselor and client
- Describe your theoretical orientation and the techniques used in your practice

Areas of Focus / Services Offered / Clients Served:

- Provide areas of expertise, experienced gained, or the areas you are expecting to gain experience (marriage and family issues, children, depression, adjustment, A&D, etc.)
- Clientele in which you work with
- Clientele in which you are not working with
- Format of counseling provided (individual, group, family, marriage)

NOTE: If you list an area of Expertise (specialty area for which you have received training or specific certifications), you will need to provide proof of the training (certificate) with your Declaration of Practice.

Declaration of Practice

Office Procedures:

- How appointments are made

- Days and times appointments are available (when you will be working)
- Cancellation policy
- Whether Insurance accepted/not accepted and information regarding Co-pays

Code of Conduct:

- Code of Ethics and Rules that you must abide by
- How to access Codes of Ethics and MS Rules and Regulations for counselors
- How to file a complaint

Declaration of Practice

Confidentiality:

- Confidentiality statement
- Exceptions to confidentiality
- Privileged Communication statement
- Marriage and family confidentiality expectations (if working with this clientele)
- Confidentiality expectations for minors (if working with this clientele)

Emergency Situations:

- Who to contact in an emergency and contact information

Client Responsibilities:

- Your expectations from the client

Potential Counseling Risks:

- List potential risks experienced by the client during the counseling process

Declaration of Practice

Audio/Video Recording:

- State whether sessions will be recorded, and if so, the methods of recording
- Purpose of the recordings (supervision)
- Who will have access to the recordings
- How recordings will be secured
- When / how destroyed

Note the following:

- *All P-LPCs must have a Declaration of Practice on file with the Board.*

Recommendation:

- *If you are in a private practice setting, the Board encourages you to utilize the Declaration of Practice as part of your signed informed consent process (ACA Code of Ethics, A.2).*

Client Signature

Date

Your name and credentials

Date

Upload your: Declaration of Practice and Supervision Contract

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General Group

Marriage & Family Drug & Alcohol Career & Vocational Rehabilitation Academic

Child & Adolescent Art Therapy Other (describe)

[Declaration of Practices Sample/Model](#)

Supervisor Contract received on:

Need Declaration of Practice Example?

- Make sure to provide sufficient information using complete sentences/paragraphs

Upload your: Declaration of Practice



Upload Declaration of Practice with Richard Strebeck

Select the electronic copy of the Declaration of Practice (PDF) and then click the upload button.

No file chosen

Your LPC-S will concur with your Declaration of Practice.

Upload your: Supervision Contract



Upload contract with Richard Strebeck

Select the electronic copy of the contract (PDF) and then click the upload button.

No file chosen

After uploading documents, you will see....

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General Group

Marriage & Family Drug & Alcohol Career & Vocational Rehabilitation Academic

Child & Adolescent Art Therapy Other (describe)

Declaration of Practice **Contract**

Declaration of Practice received on: 2023-04-05

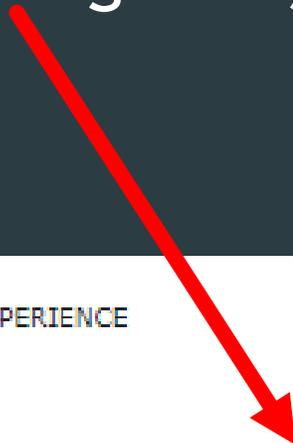
Declaration of Practice has **NOT** been approved by the supervisor.

Supervisor Contract received on: 2023-04-05

Form A or Form B or Form C received on:

At this point, your LPC-S must agree to your supervision using the Board's online portal.

Once your LPC-S concurs, the beginning date will show here



PART III - SUPERVISED EXPERIENCE

[Complete Post-Graduate Supervisory Agreement](#) [View Supervised Work Experience - Worksheet](#)

POST-GRADUATE SUPERVISOR INFORMATION (Pending)			
Name:	Richard First	Middle or MI	Strebeck Last
MS BQS Certificate #:	11	Issued:	2008-05-15
MS LPC License #:	1117	Issued:	2004-12-06 Expiration Date: 2024-06-30

At this point, your LPC-S must agree to your supervision using the Board's online portal.

Supervisor for:

Woodall Strebeck - From: 4/5/2023 To
4/1/2024

Print / Sign Declaration of Practice

Concur

Decline

Woodall Board Strebeck
has indicated that you have agreed to
be their supervisor until their training is completed.
They have entered an anticipated start date of 2023-04-05
and an anticipated complete date of 2024-04-01

**If you concur you must check both the I have read and concur with the Declaration of Practice box
and the affirm box and then click the Yes button below.**

SUPERVISOR AFFIRMATION

I have read and concur with the Declaration of Practice

I, as the Mississippi Board Qualified Supervisor of the above named supervisee, affirm that all information provided by me on my profile is true and accurate, and I affirm the following:

- That all supervised experience will be completed in accordance with Board Rule 4.3(A) of the Rules and Regulations related to supervised experience and all subsequent Board rules.
- That I will provide supervision to the above named supervisee at a frequency based upon these ratios: one (1) supervision hour to forty (40) hours of services provided OR one (1) hour of supervision to twenty-five (25) hours of Direct Services. For persons working part-time, supervision should occur no less frequently than every other week.
- That I understand the full professional responsibility for services provided by the supervisee shall rest with the supervisor.
- That I understand that the supervisee cannot engage in the independent practice of counseling until he or she obtains a professional license.
- That I understand the supervisory arrangement is only valid while my license remains current.
- That I will notify the Board if the supervisory arrangement is terminated.
- That I will keep my supervisor status current and that it is my responsibility to inform the supervisee should my supervisor status lapse.

Enter the date the agreement begins:

Yes

Later

Decline

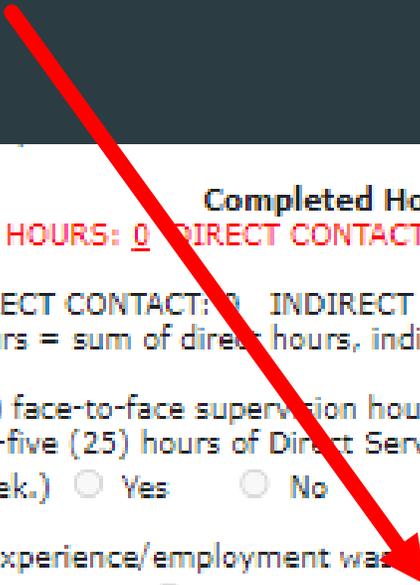
If you click Yes, the LPC Board will receive an email notifying them that you concur with this request.

Once your LPC-S concurs, the beginning date will show here



POST-GRADUATE SUPERVISOR INFORMATION (Started on 4/7/2023)				
Name:	Richard First	Middle or MI	Strebeck Last	
MS BQS Certificate #:	11	Issued:	2008-05-15	
MS LPC License #:	1117	Issued:	2004-12-06	Expiration Date: 2024-06-30
Preferred Mailing Address:	11201 Old Highway 49 Address	Gulfport City	MS State	39503 Zip
Telephone #:	(228) 596-5654	Email:	richard.strebeck@gmail.com	
INFORMATION RELATED TO SUPERVISED EXPERIENCE				
Name of organization or agency where experience will be gained (Complete separate form for each setting):				

.... then you can document supervised experience hours on the online portal log.



Completed Hours of Supervised Experience

FROM WEEKLY LOG: TOTAL HOURS: 0 DIRECT CONTACT: 0 INDIRECT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0

TOTAL HOURS*: 0 DIRECT CONTACT: 0 INDIRECT CONTACT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0

*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

Did you receive at least one (1) face-to-face supervision hour for every forty (40) hours of services provided OR one (1) face-to-face hour of supervision for every twenty-five (25) hours of Direct Services? (For persons working part-time, supervision should occur no less frequently than every other week.) Yes No

At the time of supervision my experience/employment was

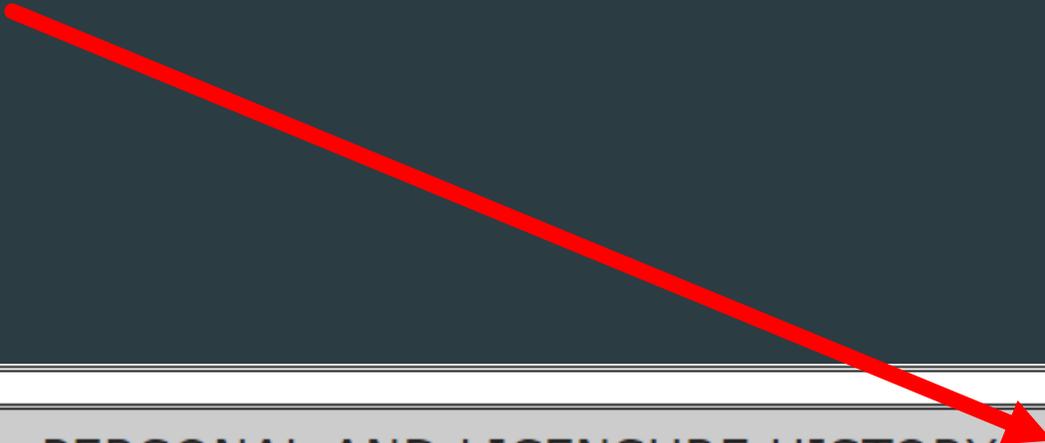
POST DEGREE FULL TIME PART TIME AT %

Type of Setting: Private Practice Hospital School Volunteer
Government Agency Nonprofit Other (describe:)

Step 4

Complete the Personal and Licensure History

Click here



PART IV - PERSONAL AND LICENSURE HISTORY

[Edit Part IV](#)

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED.

If you answer "Yes" to ANY of the following questions, explain in full by addendum to the application. You must make a statement that includes, but is not limited to, the date(s) location(s), specific circumstances, practitioners and/or treatment involved, and must be substantiated by official documents sent directly to the board office from the respective state licensing board or official copies of court records. A "Yes" answer is NOT an automatic cause for denial of licensure.

Answer each question honestly and (if needed) any and all additional information.

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED.

If you answer "Yes" to ANY of the following questions, explain in full by addendum to the application. You must make a statement that includes, but is not limited to, the date(s) location(s), specific circumstances, practitioners and/or treatment involved, and must be substantiated by official documents sent directly to the board office from the respective state licensing board or official copies of court records. A "Yes" answer is NOT an automatic cause for denial of licensure. The failure to accurately disclose information will result in immediate denial of licensure.

- Yes No 1. Do you currently have a medical condition which in any way impairs or limits your ability to practice professional counseling with reasonable skill and safety?
- Yes No a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?
- If Yes to 1. explain:

Note:



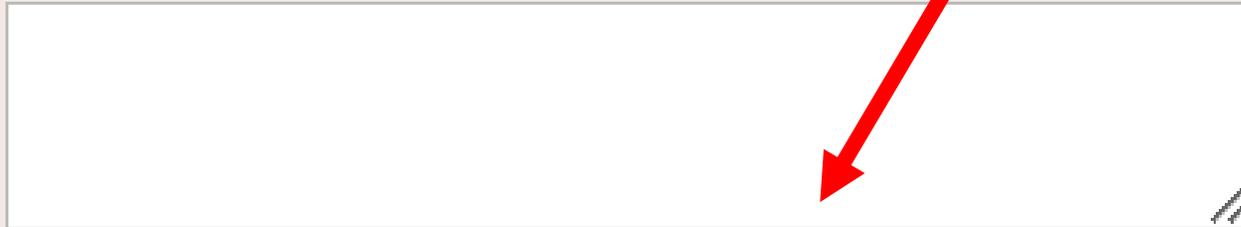
Complete all the questions and click here

Yes

No

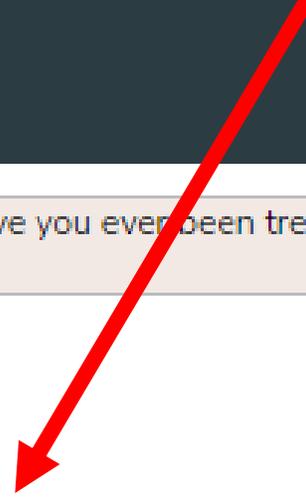
12. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

If Yes explain:



Save and Return to Profile

Return to Profile



Complete Parts V and VI

This will make you review all your application information

Complete P-LPC Application

- This button will take you through each part of the application. Or You may use the Edit button next to Parts I, II, III and IV below to enter information at any time.
- After you have entered all of your information in Parts I - IV, you may use this button to review your information by going through each part and then clicking Save and Continue at the bottom of each Part. The data will be verified and if something is missing, you will be alerted to add that information. Once all your information has been entered you will be able to continue to Parts V and VI to sign the Oath and Affidavit. When you have done that you will be take to the shopping cart to pay your fees.

PART V and Part VI may only be completed after verifying that all your required data has been entered. To complete this step use the red "Complete Application" button above.

PART V - OATH

By checking this box I am stating that I do solemnly swear or affirm that I, the Applicant listed above, do hereby affirm under penalty of

Review Part II and Part IV and click Save and Continue ...

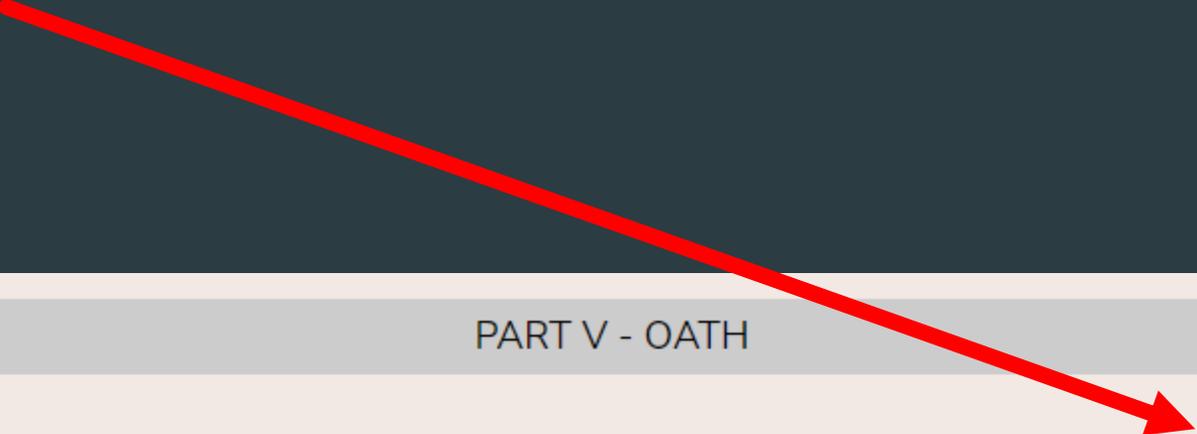
Check this box to indicate that you have read and understand this information

Save and Continue to Part II

Save and Add More

Save and Return to Part V

READ CAREFULLY



PART V - OATH

By checking this box I am stating that I do solemnly swear or affirm that I, the Applicant listed above, do hereby affirm under penalty of perjury that all statements made and information contained in this Application are true and correct to the best of my knowledge and belief. I acknowledge that I may be required to furnish additional information promptly in order for this application to be processed.



Step 5
Complete the Oath

<Scroll down>

READ CAREFULLY



PART VI - AFFIDAVIT AND RELEASE

I, Woodall Strebeck, of Jackson, MS do duly swear and identify myself as the person referred to in this application, do attest to the truth of each statement made in said application. I further swear that I have read and understand the statute Mississippi Code of 1972, Annotated Section 73-30-1 et seq and the Rules and Regulations and Application Guidelines of the Mississippi State Board of Examiners for Licensed Professional Counselors, which are a part of the application information and agree to abide by them in the practice of professional counseling in the State of Mississippi.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice professional counseling.

Step 6 Complete Affidavit and Release

<Scroll down>

Step 6

Complete Affidavit and Release

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Return to Profile](#)

[Save and Continue To Payment](#)

Review and edit information:

[Part I](#)

[Part II](#)

[Part IV](#)

Last chance for edits

Before submitting and remitting payment

Payment Screen

Online Payment

Payment from Woodall Board Strebeck

Receipt Number: OL-25177

Check the box next to your license amount

Payment includes:	Amount
<input checked="" type="checkbox"/> \$50.00 - New Provisional Licensee Application Fee through 2024-4-12	\$50.00
<input type="checkbox"/> \$ 50 - Fingerprint Processing Fee (A fingerprint card is required to process your background check. The Board will mail you a fingerprint card with instructions.)	\$50.00
Total	\$100.00

Previous

Reset Selection

Next

If your fees will be paid by a third party
or you want to mail in a check
click the Pay By Check button below.

Your application will not be processed until your payment is received.

Pay By Check

Payment Screen

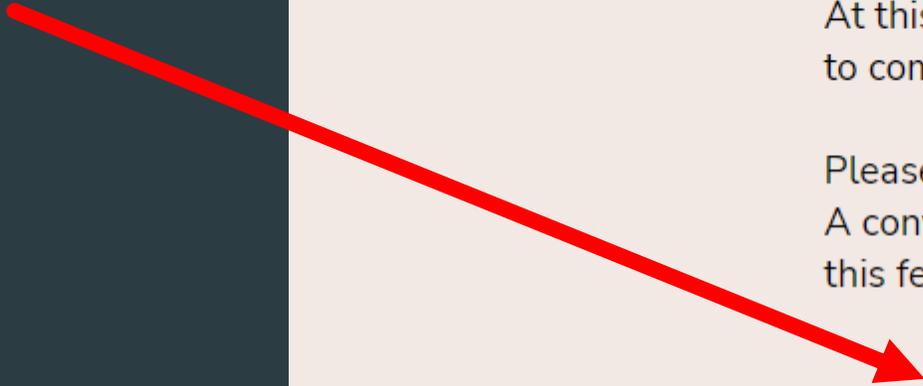
Checkout

At this time you will be taken to the State of Mississippi's Online Payment System to complete your license request.

Please click the button below to make your payment of \$100.00. A convenience fee will also be added to the online payment. You will see the amount of this fee before you complete the payment.

Back

Continue with Payment



Complete Online Payment

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
200000001	This payment includes; Application for Provisional Licensure; Fingerprint Processing	\$100.00	1	\$100.00
Total				\$100.00

Payment

Payment Type

Payment Type *

Select One



If you do not complete payment..... Click here

APPLICATION TYPE

Application Start Date: 4/12/2023 12:17:00 PM

Application Submit Date: 2023-04-12

I hereby make application for Licensed Professional Counselor pursuant with the laws of the State of Mississippi and the Rules and Regulations for The Mississippi State Board of Examiners for Licensed Professional Counselors.

(check one)

- APPLY FOR PROVISIONAL LICENSURE:** If you meet all pre-application requirements, have a qualified Master's degree in Counseling and are ready to begin Supervised Experience in accordance with the Rules and Regulations, complete Parts I, II, III, IV, V, and VI of the Application, request an official NCE passing score report from NBCC be sent to the Board office, and submit all required supporting documents as detailed in General Instructions.

You have completed your application but you have not paid your New Application Fee.
You may do so at this time by clicking the Make Payment button.

[Make Payment](#)

PART I - GENERAL PERSONAL INFORMATION

Are you a member of the military, veteran, or spouse of active duty military? No Yes (Documentation Required)

Pass/Fail Jurisprudence Exam

Read the instructions

Click here to access the exam through NBCC

MISSISSIPPI PASS/FAIL JURISPRUDENCE EXAMINATION

IMPORTANT - PLEASE READ

The first time you click the exam link you will be required to create a username and password as a First-Time Visitor, if you don't already have an account.

If you need to take the exam more than once to pass, you will need your username and password to login as a Returning Visitor.

[Take Exam](#)

Applicants may upload the certificate indicating a passing score on the Mississippi Pass/Fail Jurisprudence Exam. (This certificate is NOT required. The Board will receive the official score report from CCE.)

Upload certificate of completion No file chosen

Select the certificate PDF and then click Save Changes near the top of the screen.

Upload your passing score certificate